

OCULAR EMERGENCIES

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History taking

- **Personal History:** (NASOMRH)
- **HPI: (OCD)**

Onset

- Sudden
- Gradual

Course

- Progressive
- Stationary
- Regressive
- Intermittent

Duration

- Since birth
- Childhood
- Days, Months, Weeks, Years

History taking

HPI: (complaints)

**Disturbed
external
appearance**

- Lid problem
- squint
- proptosis

**Inflamed &
red eye**

- discharge
- photophobia
- pain
- Loss of vision

**Drop
vision of**

- Acute or chronic
- Painful or painless
- Gradual, progressive, stationary , intermittent

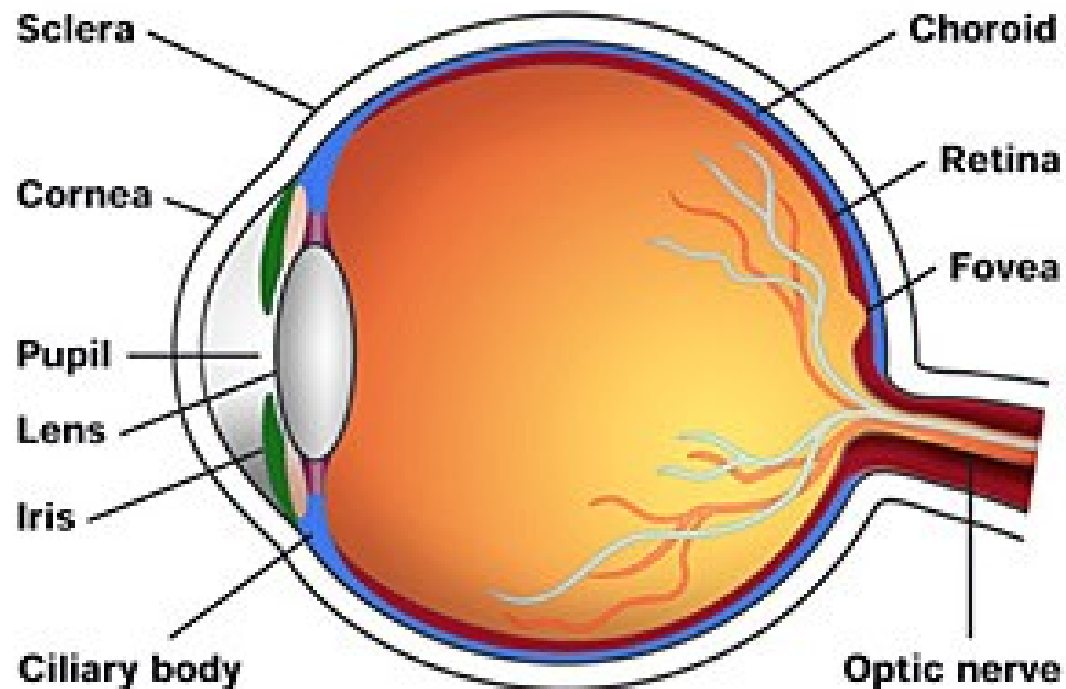
History taking

- Past History:



- Family history (Similar family condition, +ve consanguinity)
- prenatal history, previous photos in special cases

Anatomy of the eye



Ocular Emergencies

Emergency
Immediate

- **Chemical burn**
- **CRAO**

Very urgent
Within few hrs

- **Open globe injury**
- **Acute congestive glaucoma**

Urgent
Within 1 day

- **Orbital cellulitis**
- **Corneal ulcer**
- **Corneal abrasion**
- **traumatic Hyphema**
- **Lid laceration**
- **RD (macula on)**
- **IOFB**

Patient with accidental car battery fluid reached his eye,



How to manage?

Chemical Burn

Only eye injury that requires
immediate TTT B4 HX &
careful OX

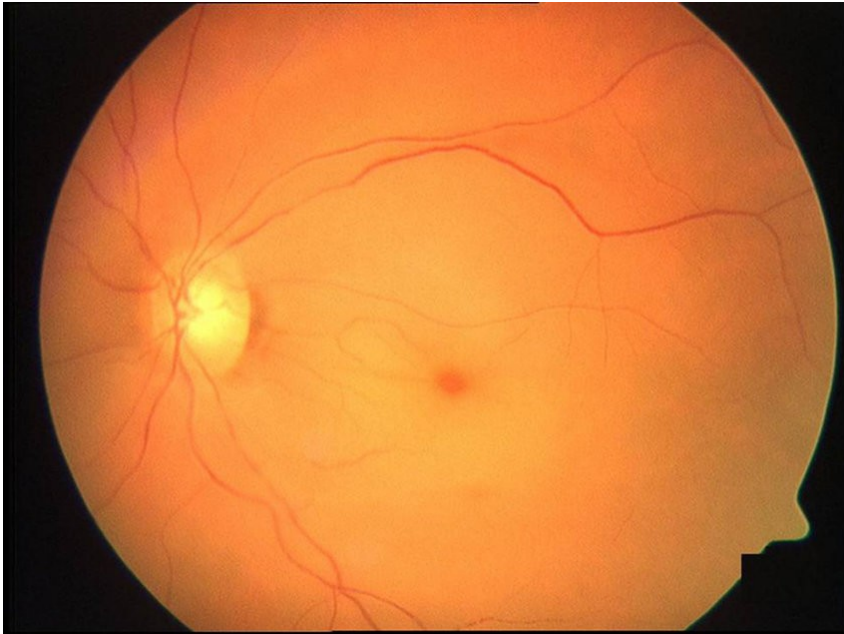
Immediate management

B4 HX & OX

- Copious **irrigation** with ?!!!! for 30 minutes until ...pH.
- **Double eversion...** **remove particulate**
- **Debridement** of necrotic epithelium
- Clean water can be used (TIME IS MORE IMPORTANT THAN TYPE OF SOLUTION)



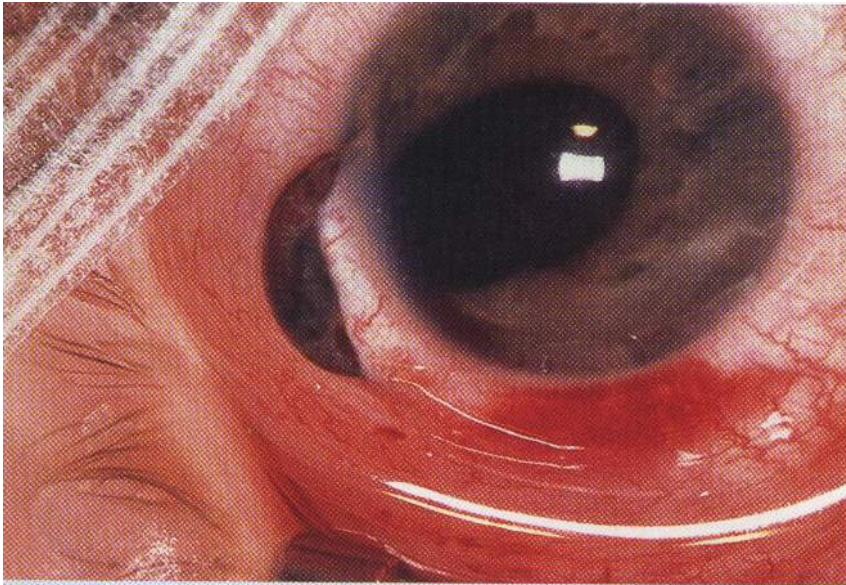
60 yrs old woman with acute profound loss of vision in lt eye ?



How to manage?

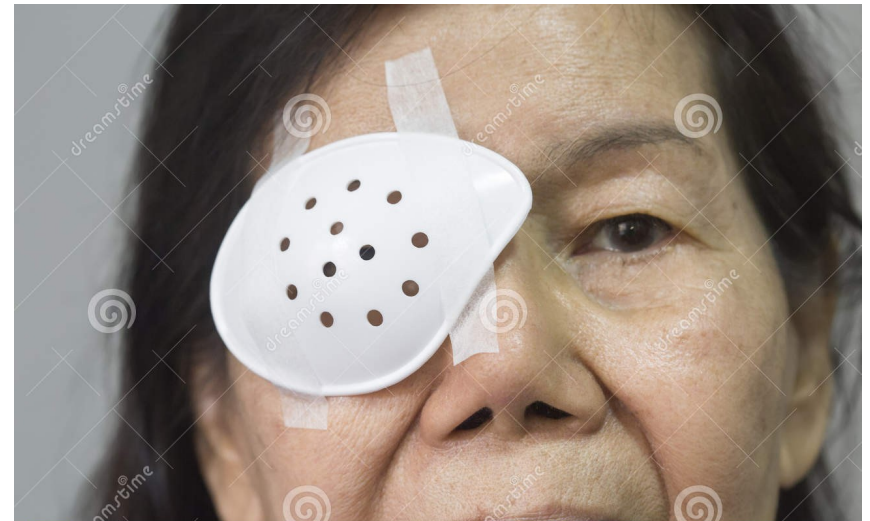
- Treatment (EMERGENCY 2-3 HRS) is mainly by acute lowering of IOP
 - strong ocular massage
 - VD by breathing 5% CO₂
 - IV acetazolamide
- Call the senior
 - Paracentesis
 - Antiplatelets/fibrinolytics

Open globe injury



How to manage?

- Stop Ex.
- **Shield the eye** (don't patch)
- NPO (systemic AB.)
- NPE
- Film orbit if IOFB can't be rolled out
- Call ur Senior



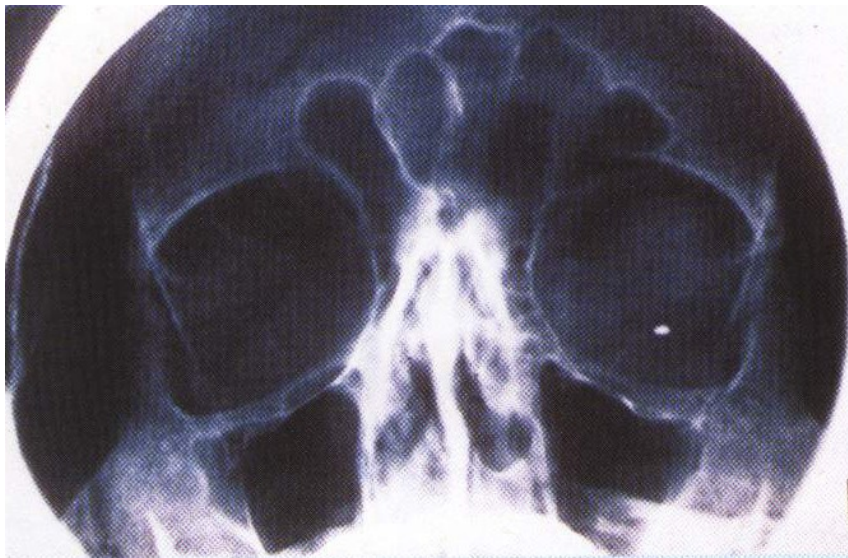
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X-Ray



CT



A 48-year-old female presented with sudden red painful eye and drop of vision , nausea, vomiting



How to manage?

Acute congestive glaucoma

- **Aim to reduce IOP:**
 - Topical 0.5% B blocker + Acetazolamide
 - Topical 2-4% pilocarpine 1 drop every 15 minute 4 times
 - 500 Acetazolamide IV or oral
 - Systemic dehydrating (iv or oral ?!)
- **Call ur senior**

Child with Fever, ocular Pain, redness, Proptosis, Limitation of ocular motility

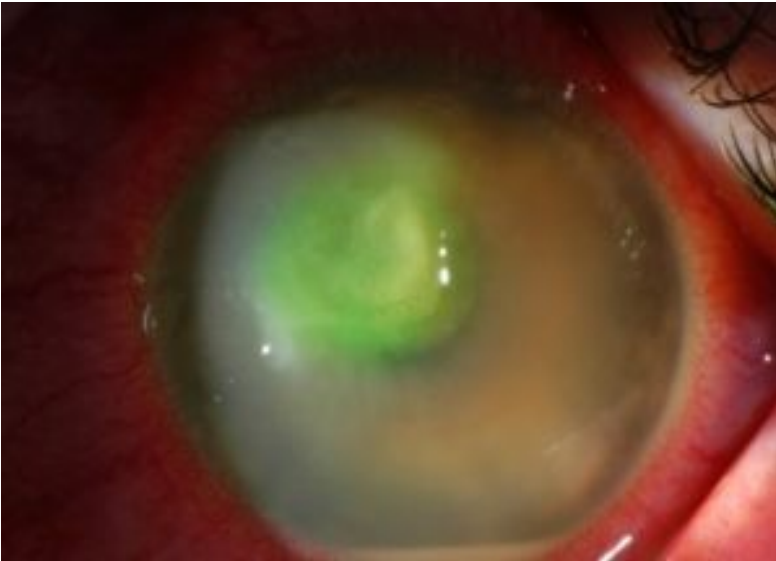


How to manage?

Orbital cellulitis

- **Admission to hospital**
- **CT scan Orbit**
- **referral** to ENT, Internal Medicine
- **(IV Ab, drainage)**

30 yrs old F red, pain, photophobia, blepharospasm

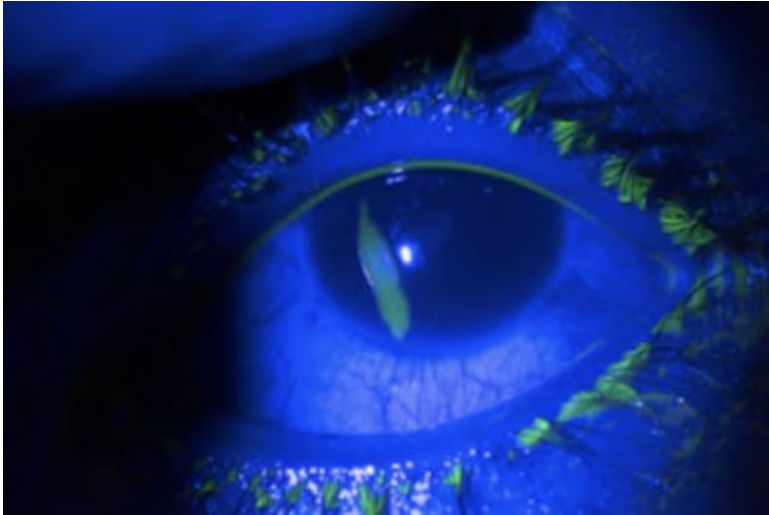


How to manage?

Corneal ulcer

- HXO trauma or CL
- **Never patch**
- **Corneal scrabing** for **C/S**
- Fortified **Ab ED**
- **Close FU**

pain photophobia, blepharospasm post trauma
with edge of paper



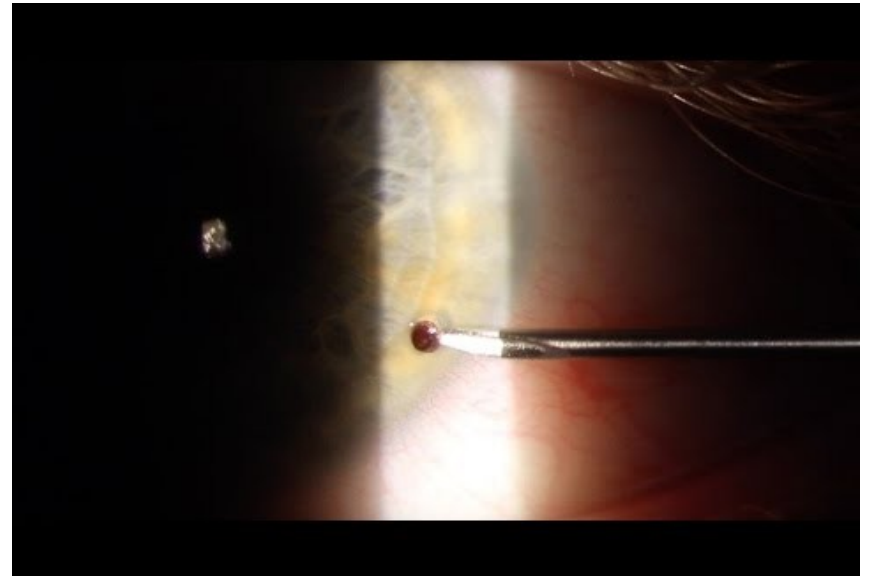
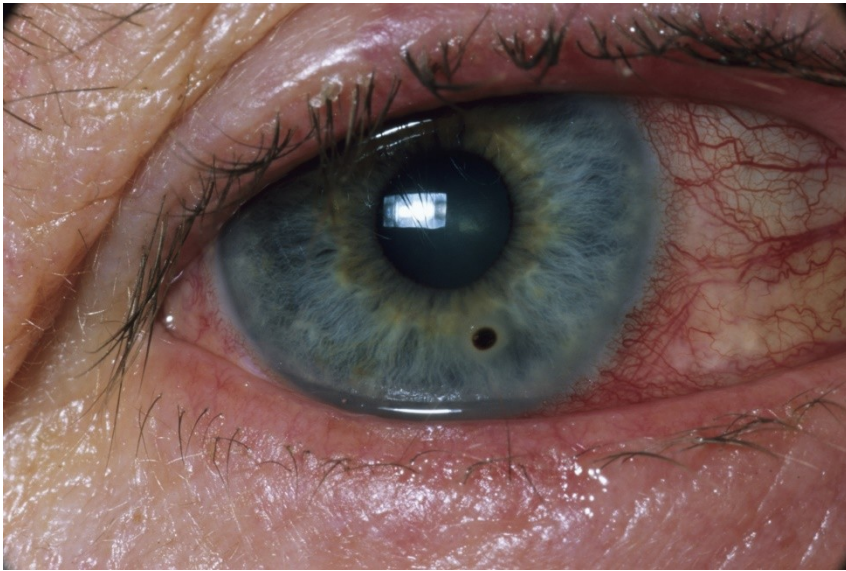
How to manage?

Corneal abrasion

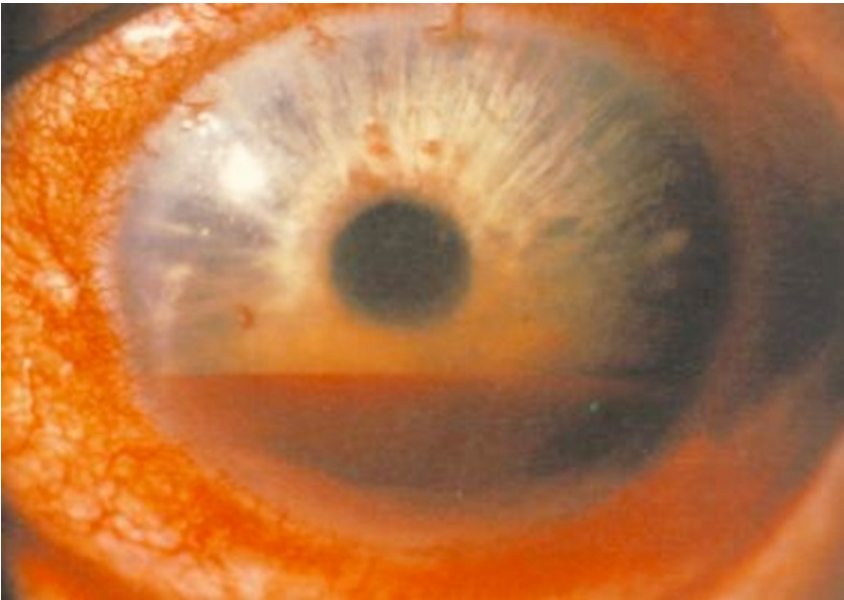
- **Topical Ab ED**
- **+/- topical cycloplegic**
- **+/- eye patch**



Corneal FB



Traumatic Hyphema



How to manage?

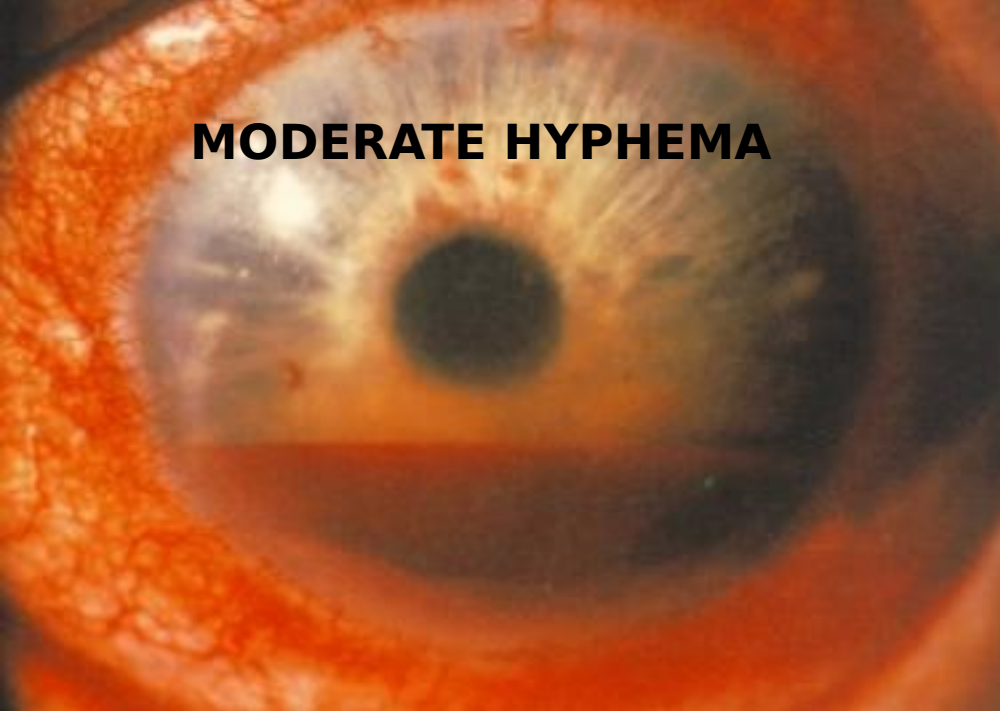
Traumatic Hyphema

Outpatient ttt with:

- **semisetting**
- **Daily FU**
- **Steroids**
- **Cycloplegics**
- Antigl. If high IOP

Problems & complications

- ❑ **Rebleeding**
 - Dependent on size of hyphema
 - Grade I (25% will rebleed)
 - Grade III (75 % will rebleed)
- ❑ **Increased IOP:**
 - Dependent on size & rebleeding
- ❑ **Corneal blood staining:**
 - Dependent on size, IOP & rebleeding

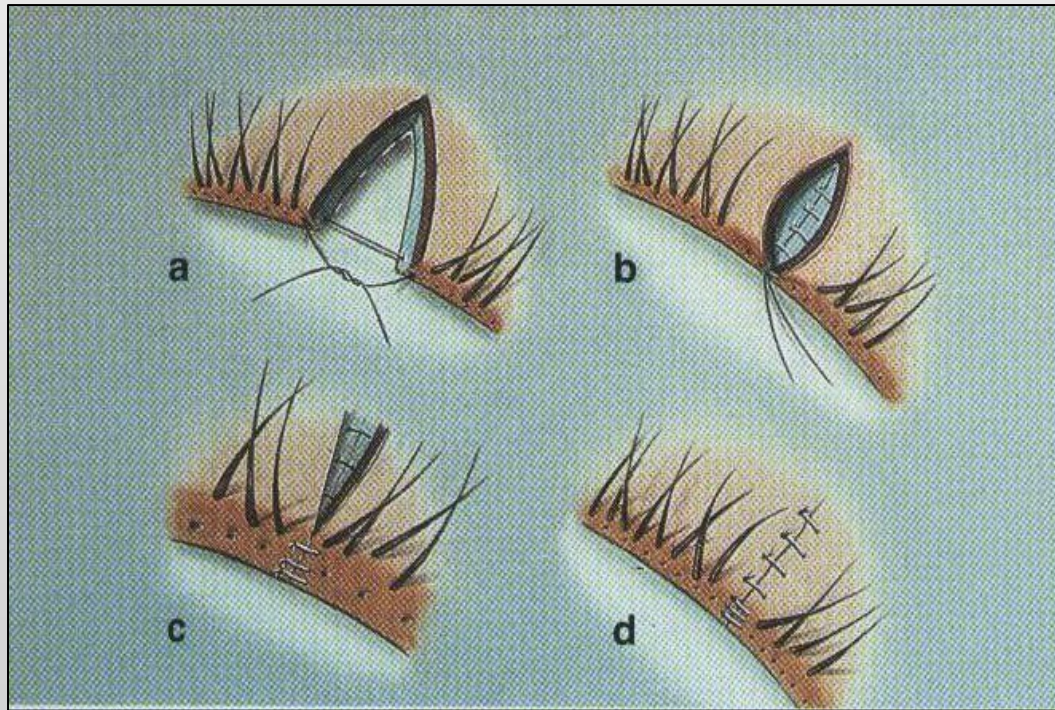


Eye lid laceration



Eye lid laceration

6-0 vicryl
6-0 black



IOFB



Removal of IOFB

Removal of IOFB indicated if injury is acute (e.g. **24-48** hours)

If patient present much later (e.g. 7 days) removal is indicated if:

- Ø Endophthalmitis is present
- Ø IOFB is toxic or organic
- Ø Associated VH
- Ø Impacted onto the retina
- Ø 2ry surgery is being considered (e.g. RD surgery)

Otherwise can consider leaving IOFB in situ

Black curtain after blunt trauma to the eye



How to manage?

(Retina consultant)

Thank you